Job Opportunity Bulletin

Post Date: AUGUST 23, 2013

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

Salary Range: \$4,400 - \$5,508 Permanent, Full Time

FINAL FILING DATE: SEPTEMBER 23, 2013

The AGPA researches Medicare program issues related to eligibility or claiming for services as they arise or as a result of Medicare program changes. The AGPA resolves the more difficult, complex Medicare rejection or denial issues including the follow up on aged accounts to determine why accounts have not yet been billed or paid by the fiscal intermediary with special attention to the high dollar acute inpatient claims. Works with the staff from the developmental centers, and Medicare billing to resolve issues and implement changes to maximize federal Medicare revenue and minimize billing staff time. The AGPA evaluates Medicare claim billing processes, recommends IT changes, proposes best practices and procedures and provides training and other billing assistance as required.

The AGPA also acts as the lead team member in conducting on-site Medicare Fee for Service compliance reviews at the facilities to assure federal regulations are being met by reviewing physician progress notes for client encounters and comparing them to the claims created. This function assures maximization of Medicare revenue and also fulfills the requirements of a prior OIG audit settlement. The AGPA prepares compliance reports including applicable findings and recommendations for corrective action and attends the monthly Medicare Compliance teleconferences.

For complete duties, please see the duty statement on the following page.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of the Medicare program.
- > Knowledge of accounting and auditing principles and procedures.
- > Knowledge of insurance billing processes and procedures.
- > Skill and ability to research issues, analyze data or situations, apply laws, regulations, policies, and procedures to draw sound conclusions.

ADDITIONAL INFORMATION:

This position is located in DDS' Headquarters office in downtown Sacramento. Our office is conveniently located near public transportation, parks, restaurants, and farmer's markets.

If you are ready to be a part of our DDS team, please submit an original signed state application (STD. 678) by September 23, 2013. Please be sure to include the **basis of your eligibility** and **position #473-171-5393-014** on your application.

JOIN THE DDS TEAM!

For information about the DEPARTMENT OF DEVELOPMENTAL SERVICES Please visit our website at www.dds.ca.gov

Please refer to: **Position # 473-171-5393-014**

Mail your application to:

Dept. of Developmental Services 1600 Ninth Street, MS-Q Sacramento, CA 95814 Attention: Claudia Lutz

All applications will be screened and only the most qualified will be interviewed.

CONTACT INFORMATION

Name: Claudia Lutz

Number: (916) 322-7784

Email: claudia.lutz@dds.ca.gov



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 9th Street, MS-Q Sacramento, CA 95814 "Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES ADMINISTRATION DIVISION CLIENT FINANCIAL SERVICES

DUTY STATEMENT

JOB TITLE: Associate Governmental Program Analyst POSITION #: 473-171-5393-014

GENERAL STATEMENT OF DUTIES: Researches Medicare program issues related to eligibility or claiming for services as they arise or as a result of Medicare program inquiries, updates, bulletins, lawsuits, and changes to law or regulation; works with the manager, facility staff, and Medicare billing staff to resolve issues and implement changes to maximize federal Medicare revenue; evaluates Medicare claim billing processes and proposes best practices and procedures; provides training; develops and/or revises training manuals and material; coordinates with staff from the developmental centers, state-operated community facilities, state-operated community clinics, the Department of State Hospitals, and headquarters Information Services Division (ISD) in continuous improvement of the billing processes for Medicare; assists in billing as necessary.

Leads the Department's Medicare Fee-for-Service compliance reviews held at the facilities. This includes preparing for, conducting, analyzing, writing and issuing findings.

Researches and resolves issues related to maintaining the integrity of production data that is transmitted from the facilities and the regional centers to the Cost Recovery System (CRS). Leads the work in identifying, analyzing, and correcting errors that have occurred during processing that prevented the posting of admissions, service charges and diagnosis, movement and ward change transactions, receivables, and checks/payments. Assists in reconciling CRS total postings to cash collections reported by the Accounting Unit and the creation and maintenance of the fiscal year revenue reports.

Maintains security and confidentiality of information and documents in accordance with the Health Information Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and various sections of 42 United States Code, and the Code of Federal Regulations.

SUPERVISION RECEIVED: Reports directly to the Staff Services Manager I, Medicare/ Quality Control/Conservatorship Units.

SUPERVISION EXERCISED: None.

TYPICAL PHYSICAL DEMANDS: Continuous use of on-line computer terminal (or laptop); use of printed or written reports, reference material, and files; up to 15 percent travel as required, mainly to facilities; ability to work flexible and extended hours as required.

TYPICAL WORKING CONDITIONS: Open-partitioned office in a smoke-free environment; use of fragrances and fragrance enhanced products is strongly discouraged for the health and comfort of individuals with chemical sensitivities; continuous use of a computer; detailed use of printed reports and other materials; creation and use of detailed documents and spreadsheets; changing and multiple priorities.

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EXAMPLES OF DUTIES:

- 60% Research Medicare program issues related to beneficiary, provider, or service eligibility and claiming utilizing Medicare, fiscal intermediary, other stakeholder information, manuals, bulletins, federal laws, regulations and the internet. Present findings and change proposals for implementation. Provide guidance and training as needed to facilities and billing staff. Understand the Medicare claims billing processes and interaction of the various information technology systems to propose best practices, procedures, and process improvements. Develop and/or revise training manuals and material. Resolve the more difficult, complex Medicare rejection or denial issues including the follow up on aged accounts to determine why accounts have not yet been billed or paid by the fiscal intermediary. Review reports to ensure the proper receipt of payments, contact fiscal intermediaries regarding questionable, outstanding or incorrect payments. File appeals and prepare issue papers when more in-depth information is required. Evaluate and prepare analysis of data for supervisors and managers. Attend the monthly Medicare Compliance teleconferences. Coordinate with staff from the developmental centers, state-operated community facilities, and the Department of State Hospitals' state mental hospitals (facilities), headquarters Information Services Division (ISD), and the HIPAA compliance contractor in continuous improvement of the billing processes for Medicare.
- 20% Participate as the lead team member in conducting on-site Medicare Fee for Service compliance reviews at the facilities to assure federal regulations are being met by reviewing physician progress notes for client encounters and comparing them to the claims created. Prepare compliance reports including applicable findings and recommendations for corrective action.
- Review and resolve the more complex issues with the CRS patient and client accounts appearing on various error reports. Inputs appropriate online transactions in order to correct the error(s). Post the transactions or refer back to Information Services CRS Support for mass correction posting, and posting memos to the accounts detailing the actions taken and the reasons for them. Interact with various HQ staff and facilities medical records and trust office staff, community clinic staff, and Information Services Division staff. Admit new patients to community clinics based on documentation received from the clinic staff. This process establishes accounts in CRS to allow the system to post charges, establish billing, claims, and receivables.
- 5% Reconcile CRS postings to accounting's cash collections. This includes verifying cash postings to CRS to ensure there is a match to the cash received by the accounting unit. Resolve differences where checks are deposited in months other than the month the payments are posted to CRS and to where checks are deposited to facilities other than the one the patient is residing in. After completing the verification, prepare by inputting corrected data into a spreadsheet, the monthly revenue reports and distribute them.

Note: May be assigned other duties as directed by the supervisor depending on section needs and workflow commensurate with classification such as but not limited to private pay billing and collection, and program research, account reviews, and audits.

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KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of the Medicare program.
- Knowledge of accounting and auditing principles and procedures.
- Knowledge of insurance billing processes and procedures.
- Skill and ability to research issues, analyze data or situations, apply laws, regulations, policies, and procedures to draw sound conclusions.
- Skill and ability to work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system.
- Skill and ability to establish and maintain collaborative and cooperative working relationships with professional and management staff that enhances a positive response from all levels of staff at the facilities, headquarters, and with other stakeholders.
- Skill and ability to communicate effectively, both verbally and in writing including writing in a clear and professional manner using proficient writing skills.
- Skill and ability to develop and implement effective training.
- Skill and ability demonstrating proficiency in spreadsheet and document software use including Excel, and Word.
- Skill and ability to quickly handle changes in priorities and organize work.

Employee Signature	Date
Supervisor Signature	Date

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